

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NAMIC PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different  
than previously  
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg A. Dykstra

Signature of Treasurer

Electronically Filed by Gregg A. Dykstra

Date

04

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		90708.23
(b) Cash on Hand at Beginning of Reporting Period .....	90708.23	
(c) Total Receipts (from Line 19) .....	37295.50	37295.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128003.73	128003.73
7. Total Disbursements (from Line 31) .....	18297.45	18297.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	109706.28	109706.28
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NAMIC PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26812.00	26812.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	7983.50	7983.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	34795.50	34795.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	37295.50	37295.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37295.50	37295.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37295.50	37295.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		297.45	297.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		297.45	297.45
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		18000.00	18000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		18297.45	18297.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		18297.45	18297.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	37295.50	37295.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37295.50	37295.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	297.45	297.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	297.45	297.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. David L. Anderson, CPCU, PFMM

Mailing Address PO Box 276

City State Zip Code  
 Canton SD 57013-0276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farm Mutual Insurance Co.  
of Lincoln C

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 6

Transaction ID: R6456

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mr. John Bishop

Mailing Address 1390 Picardae Court

City State Zip Code  
 Powell OH 43065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Motorists Mutual Insurance  
Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 1 / 2 0 0 6

Transaction ID: R6212

Amount of Each Receipt this Period

2500.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mr. John A. Bykowski

Mailing Address P.O. Box 819

City State Zip Code  
 Appleton WI 54912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SECURA Insurance, A Mutual  
Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 1 / 2 0 0 6

Transaction ID: R6506

Amount of Each Receipt this Period

2500.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: R6237

Amount of Each Receipt this Period

31.00

Manual Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 3 1 / 2 0 0 6

Transaction ID: R6358

Amount of Each Receipt this Period

75.00

Manual Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 6

Transaction ID: R6359

Amount of Each Receipt this Period

75.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

181.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 8 / 24

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 6

Transaction ID: R6417

Amount of Each Receipt this Period

75.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 6

Transaction ID: R6438

Amount of Each Receipt this Period

75.00

Manual Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: R6488

Amount of Each Receipt this Period

75.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 9 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: R6541

Amount of Each Receipt this Period

75.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leland D. Chisolm, Jr.

Mailing Address 550 Eisenhower Road

City State Zip Code  
Leavenworth KS 66048-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armed Forces Insurance Ex-  
change

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: R6525

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul M. Cloonan

Mailing Address 222 Ames Street

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Group

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 6

Transaction ID: R6214

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Gregg L. Cornell

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
pany

Occupation  
Director of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 6

Transaction ID: R6467

Amount of Each Receipt this Period

500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Michael Davis, CIC

Mailing Address 101-112 W Mason St.  
P.O. Box 37

City State Zip Code  
 Polo IL 61064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forreston Mutual Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 0 6

Transaction ID: R6523

Amount of Each Receipt this Period

500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)

Mr. Richard C. Ewert

Mailing Address 20920 Bramblewood Trail

City State Zip Code  
 Brookfield WI 53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partners Mutual Insurance  
Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 6

Transaction ID: R6211

Amount of Each Receipt this Period

600.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. John W. Fisher

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto-Owners Insurance Com-  
panyOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2006

Transaction ID: R6468

Amount of Each Receipt this Period

1000.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Kurt Foley

Mailing Address 1510 North Elms Road

City State Zip Code  
Flint MI 48532-2033

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pioneer State Mutual Insu-  
rance CompanyOccupation  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2006

Transaction ID: R6476

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Larry Forrester

Mailing Address 7542 E. Rush Ridge Road

City State Zip Code  
Bloomington IN 47401-9731

FEC ID number of contributing federal political committee.

C

Name of Employer  
Insurance Education Insti-  
tuteOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2006

Transaction ID: R6465

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Henry H. Gibbel		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 20 E. 4th Street		<b>Transaction ID:</b> R6405
City Lititz	State PA	Zip Code 17543-7007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lititz Mutual Insurance Company	Occupation President & CEO	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1 Park Avenue		<b>Transaction ID:</b> R6522
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Magna Carta Companies	Occupation Chief Financial Officer	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Judy S. Jackson		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 48 Great Hillwood Road		<b>Transaction ID:</b> R6479
City Moodus	State CT	Zip Code 06469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New London County Mutual Insurance Com	Occupation President & CEO	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. L. Wayne Johnson, PFMM

Mailing Address PO Box 122

City

Clay Center

State

NE

Zip Code

68933-0122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clay County Mutual Insurance Company

Occupation  
Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 6

Transaction ID: R6484

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Mr. James J. Kennedy

Mailing Address P.O. Box 111  
1725 Hopely Avenue

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 6

Transaction ID: R6474

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Steve Knutson

Mailing Address 30 Molly Lane

City

Esko

State

MN

Zip Code

55733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAM Mutual Insurance Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: R6526

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randall Lewis

Mailing Address 21305 Chase Street

City State Zip Code  
 Canoga Park CA 91304

FEC ID number of contributing federal political committee.

C

Name of Employer  
Grange Insurance GroupOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 6

Transaction ID: R6413

Amount of Each Receipt this Period

2500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph M. McGurrin

Mailing Address 170 South Independence Mall West

City State Zip Code  
 Philadelphia PA 19106-3388

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual InsuranOccupation  
Assistant V.P. - Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 6 / 2 0 0 6

Transaction ID: R6462

Amount of Each Receipt this Period

300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Paul

Mailing Address 40962 Brothers Ave

City State Zip Code  
 Henderson IA 51541-4048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance AssociatOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 6 / 2 0 0 6

Transaction ID: R6481

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

3050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. John A. Paul

Mailing Address 40962 Brothers Ave

City State Zip Code  
Henderson IA 51541-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Iowa Mutual Insur-  
ance Associat

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: R6535

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Gerald P. Schmidt

Mailing Address 1460 Wells Street

City State Zip Code  
Enumclaw WA 98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insura-  
nce Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: R6397

Amount of Each Receipt this Period

2500.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Christopher P. Taft

Mailing Address 188 Arrowhead Way

City State Zip Code  
Clinton NY 13323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation  
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: R6536

Amount of Each Receipt this Period

2500.00

Check

SUBTOTAL of Receipts This Page (optional) .....

5250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Robert A. Wadsworth, CIC, CPCU

Mailing Address 7 New Berlin Heights  
P.O. Box 175

City State Zip Code  
New Berlin NY 13411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance  
Company

Occupation  
Chairman/President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: R6396

Amount of Each Receipt this Period

2500.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mr. Terry H. Wendorff, CPCU

Mailing Address PO Box 7988

City State Zip Code  
Madison WI 53707-7988

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisconsin Reinsurance Cor-  
poration

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 6

Transaction ID: R6478

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)

Ms. Linda Wenske

Mailing Address 500 S. U.S. Hwy 77A

City State Zip Code  
Yoakum TX 77995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hochheim Prairie Insurance

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: R6534

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert White

Mailing Address P.O. Box 18847

City State Zip Code  
 Greensboro NC 27419-8847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alliance Mutual Insurance  
Co.

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 6

Transaction ID: R6466

Amount of Each Receipt this Period

1000.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Wayne F. White, CPA

Mailing Address 78 Hill Farm Road

City State Zip Code  
 Conway AR 72032-9041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home Mutual Fire Insurance  
Company

Occupation  
President/Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 6

Transaction ID: R6469

Amount of Each Receipt this Period

1250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: R6326

Amount of Each Receipt this Period

31.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

2281.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540			<b>Transaction ID:</b> R6394	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 631.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540			<b>Transaction ID:</b> R6395	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 631.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540			<b>Transaction ID:</b> R6434	
City State Zip Code Washington DC 20001			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			Manual Deduction	
Name of Employer NAMIC		Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 631.00		

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540		<b>Transaction ID:</b> R6455	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Manual Deduction	
Name of Employer NAMIC	Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540		<b>Transaction ID:</b> R6505	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Manual Deduction	
Name of Employer NAMIC	Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 122 C Street, NW, Suite 540		<b>Transaction ID:</b> R6558	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Manual Deduction	
Name of Employer NAMIC	Occupation Vice President - Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.00		

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Yeager  
Mailing Address 1690 Scherersville Road

City State Zip Code  
Allentown PA 18104-9779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lehigh Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 6

Transaction ID: R6514

Amount of Each Receipt this Period

200.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Yeager  
Mailing Address 1690 Scherersville Road

City State Zip Code  
Allentown PA 18104-9779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lehigh Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 0 6

Transaction ID: R6515

Amount of Each Receipt this Period

100.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

26812.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 24

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Motorists Mutual Insurance Company Civic Fund

Mailing Address 471 East Broad Street

City State Zip Code  
Columbus OH 43215-3861

FEC ID number of contributing  
federal political committee. **C** C00336834

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 1 / 2 0 0 6

Transaction ID: R6213

Amount of Each Receipt this Period

2500.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

Full Name (Last, First, Middle Initial)

## **A. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D684**

Date of Disbursement

01 / 31 / 2006

Amount of Each Disbursement this Period

61.95

Full Name (Last, First, Middle Initial)

## **B. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D685**

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

69.80

Full Name (Last, First, Middle Initial)

## **C. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D691**

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

165.70

**SUBTOTAL** of Disbursements This Page (optional) .....

297.45

**TOTAL** This Period (last page this line number only) .....

297.45

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chocola for Congress		<b>Transaction ID:</b> D686 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 0 6</div> </div>	
Mailing Address PO Box 6728		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>	
City South Bend	State IN		Zip Code 46660
Purpose of Disbursement Contr.			<div>Category/Type</div>
Candidate Name Christopher Chocola			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN District: 02			
<b>B.</b> Full Name (Last, First, Middle Initial) Growth & Prosperity PAC		<b>Transaction ID:</b> D683 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address 2610 Ridge Road Drive Suite 300		<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	
City Alexandria	State VA		Zip Code 22302
Purpose of Disbursement Contr. Growth & Prosperity PAC			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) KOMPAC		<b>Transaction ID:</b> D682 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 20209		<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	
City Alexandria	State VA		Zip Code 22320
Purpose of Disbursement Contr. KOMPAC (VA-R)			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

11000.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Mike Dewine for Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement  
Contr.

Candidate Name  
Mike DeWine

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

**Transaction ID: D687**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contr. Rely on Your Beliefs Fund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D688**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Scott Garrett for Congress

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
Contr.

Candidate Name  
Scott Garrett

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 05

**Transaction ID: D689**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

18000.00